



Medical Liability Waiver

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I also give permission for treatment of illness and/or injury that may be sustained while performing said duties until I am available. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate at PA Heat All-Stars Cheerleading Facility at their own risk and will not hold employees and/or instructors liable for any injuries that may occur while participating in cheerleading or using the facility. My signature indicates my acceptance of Code of Ethics on behalf of myself and any and all of my family members. Should I violate this Code or Rules in any way, my child may be subject to denial in participating with PA Heat.

Athlete Name: _____ DOB: _____

(Athlete if 18 or older) Parent's Signature: _____ Date: _____